



Southern Regional Medical Command
Inspector General

Inspection of Facilities Used to House Warriors in Transition

9 June 2010-6 August 2010



REPLY TO:
ATTENTION OF

DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND (PROVISIONAL)
2410 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TEXAS 78234-6230

MCSR-CG

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command

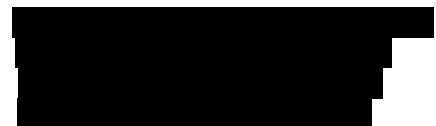
SUBJECT: Inspection of Facilities Used to House Warriors in Transition (FY 10)

1. I approve the findings and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition for FY 10."
2. Upon receipt of Department of Army Inspector General and The Surgeon General/Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Southern Regional Medical Command's (SRMC (P)) internet WebPages.

Encls
as



CF: (w/encls)
Congressional Defense Committees
Assistant Secretary of Defense for Health Affairs
Department of Defense Agencies
Secretary of the Army
Installation Management Command
MEDCOM/OTSG OneStaff





REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

SOUTHERN REGIONAL MEDICAL COMMAND (PROVISIONAL)
2410 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TEXAS 78234-6230

MCSR-CG

27 September 2010

MEMORANDUM FOR Commander, Southern Regional Medical Command (SRMC(P)),
Fort Sam Houston, TX 78234-6230

SUBJECT: Final Report on the Special Inspection of Facilities Used to House
Recovering Service Members (Warriors in Transition)

1. Purpose. To obtain Southern Regional Medical Command Commander's signature on the enclosed report regarding the Special Inspection of Armed Forces Housing Facilities of Recovering Service Members.
2. Discussion. On 17 December 2010, the Commander, Southern Regional Medical Command (SRMC (P)) directed the "Inspection of Facilities Used to House Warriors in Transition."
3. The inspection teams identified **13** findings and **5** observations and made recommendations for corrective action related to three objectives.
4. Summarized Findings. The inspection determined that most WT are assigned housing meets or exceeds applicable grade requirements, quality standards and are appropriate for their treatment and special medical requirements. Their assigned housing adequately supports their dependents, and or a non-medical attendant if authorized. One Soldier in privatized housing chose not to wait for an ADA compliant home that would accommodate his functional limitations. He was subsequently assigned a non-ADA compliant home with modifications made to meet most of his physical needs. Most of the findings identified during the inspection are minor in nature and easily repaired. In many cases, the WT failed to call in work orders to address the specific problem areas. Inspectors noted that some WT maintain cluttered or messy living conditions. Inspectors also found that air conditioning (AC) filters are not always changed at the appropriate frequency throughout the region. Fort Campbell and Fort Polk had a few housing units with minor mold or mildew issues primarily due to condensation created by HVAC units needing maintenance or by housing occupants using AC systems improperly. At one installation HVAC condensation resulted in damp or stained ceiling tiles. Some WT were given cleaning supplies to help control minor mold and mildew growth.

[REDACTED]

Several electrical safety issues were identified such as: exposed wiring, a missing electrical wall faceplate, an unsecure smoke detector, and electrical junction boxes installed without protective covers. Modular barracks utilized by Fort Stewart to house WT required continuous maintenance. The installation assigned a preventive maintenance team devoted to maintaining the modular buildings. At Fort Campbell, one barracks rooms had a thermostat that failed to control the room temperature. At Fort Hood, skirting around modular buildings was damaged or improperly sealed allowing trash and debris to collect and subsequent rodent infestation. Fort Hood also had minor damage to HVAC duct work and wood decking material supporting the HVAC system. The air circulation in majority of the rooms at Fort Benning was found to be inadequate by the inspection team. Engineers determined that the circulation issue needs further examination. The majority of the findings were corrected during the inspection or in a timely manner thereafter.

5. Recommendation. That the SRMC(P) Commander:

a. Approve the final report.

b. Authorize it's immediate release to The Surgeon General, Congressional Defense Committees, Assistant Secretary of Defense for Health Affairs, Department of Defense Agencies, Secretary of the Army, Installation Management Command, MEDCOM/OTSG OneStaff and posting on the Regional Medical Command's internet WebPages.

Encl
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[REDACTED]



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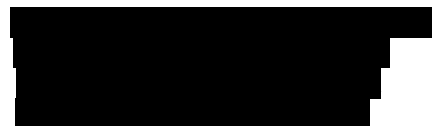
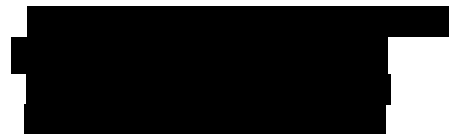




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Executive Summary

1. Background. On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus in the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, and the congressional defense committees; and to post the final inspection report on their respective Internet website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 08 to all army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided RMC IGs authorization to task staff members and IGs assigned to senior commanders and IMCOM as well as "unlimited access to army activities, organizations, and all information sources necessary to complete the inspection". On 13 November 2009, the Commanding General, USA Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct the "Special inspection of Facilities used to House Recovering Service Members. On 17 December 2009, the SRMC(P) IG issued the directive to Installation IGs and IGs that work for a Senior Mission Commander.

2. Purpose. To inspect all military facilities housing recovering service members assigned to SRMC(P) Warrior Transition Units.

3. Concept. To inspect the physical conditions of recovering WT living in DoD sponsored housing. The inspection teams consisted of Command IGs, Detailed IGs, Assistant IGs, Safety representatives, DPW housing representatives, MEDDAC personnel, and MWR/Lodging representatives. WTU Cadre representatives were present during the inspection.

4. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

[REDACTED]

b. Assess Warrior in Transition occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special accommodations and services to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

5. Summary of Findings, Observations, and Recommendations. Most WT are assigned housing compatible with their grade, which exceed or met applicable quality standards, and are appropriate for their require treatment and their specific medical requirements. Their housing supports their dependents, and a non-medical attendant when authorized. One Soldier in privatized housing did not want to wait for an ADA compliant home that would accommodate his functional limitations; therefore he was assigned a home where modifications were made to meet most of his needs. It is recommended that DPW continue to support this WT and complete work orders as needed. Most findings were minor and could be easily fixed, but WT failed to call in work orders. Cluttered or messy living conditions and AC filters not being changed regularly or as scheduled were consistent throughout the region. Commanders and WT Cadre will stay actively involved by conducting periodic walk through inspections and ensure deficiencies are promptly corrected. Fort Campbell and Fort Polk had a few housing units with minor mold and mildew issues, mainly due to A/C thermostat being set at very low temperatures. Thermostat settings are also the reason for leaking HVAC vents and damp or stained ceiling tiles. In some cases, WT were given cleaning supplies to help maintain mold/mildew. In other cases a work order was submitted for DPW to correct the issue. Exposed wiring, a missing electrical wall faceplate, an unsecured fire alarm, and electrical junction boxes installed without protective covers were all safety issues. DPW corrected some deficiencies on the spot and work orders were submitted for those that were not. Fort Stewart housed WT in modular barracks that required continuous maintenance. They eventually assigned a preventive maintenance team to pay direct attention to those units. One of the UPH rooms at Fort Campbell had a thermostat that failed to control the temperature. A work order was established and the thermostat was replaced. At Fort Hood trailer skirts were either damaged or not properly sealed allowing trash and debris to collect which caused rodent infestation. A work order for all units needing repair was submitted. It is recommended the WTB Commander require feedback and ensure work orders are complete. Fort Hood also has minor damage to the HVAC duct work and wood decking material which supports the HVAC system. Quality Assurance (QA)/Quality Control (QC) procedures generally do not include a supervisor conducting an onsite assessment unless occupants report work was not done. It is recommended that a QC assessment is conducted upon completion of a work order. The air circulation in majority of the rooms at Fort Benning was not working properly. Engineers determined there is a flaw in the temperature sensors. It is recommended that DPW conduct QC inspections to ensure there are no application infractions of the mechanical air system.

[REDACTED]

Although there is no violation of a standard, the following observations were made: Some AC thermostat settings were set between very cold and moderate temperatures. In instances where AC thermostats were set below recommended settings; excess condensation caused damage to ceiling tiles and air diffusers. This creates conditions for mold growth and a water source for insects. WT Commanders need to publish a SOP establishing guidelines for thermostat settings. Fort Hood had some utility closets that required additional maintenance because openings around HVAC lines were not sealed or insulated to prevent entry of insects and rodents. Although no pests were present, it is recommended that DPW seal or insulate around HVAC lines. The UPH at Fort Hood has only one wheelchair ramp that is not easily accessible because it is located 180 ft away from the ADA rooms. The path to use this ramp is obstructed by vehicles extending over the curb, and a steel rail fence over the side, which limits maneuverability. It is challenging to a WT with limited mobility especially during inclement weather. It is a repetitive observation that most UPH units have electrical grills, hot plates, toaster ovens, candles, extension cords hooked up and unattended phone chargers plugged in. The Installation Safety Officers consistently address these hazards. WT Cadre must continue to correct these safety issues during periodic walk through inspections. At Fort Benning, all bathrooms on the first floor common area do not have emergency response systems. WT needing assistance with mobility could fall and be without first responders' assistance for long periods. This concern is mainly between periodic checks by the staff duty, specifically after normal duty hours. The WT leadership was told to submit a work order requesting DPW install alarm systems.

[REDACTED]

[REDACTED]



Chapter 1 Objectives and Methodology

1. Objective. Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

b. Assess Warrior in Transition occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special accommodations and services to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. Inspection Team. Teams of Command IGs, Detailed IGs, Assistant IGs, Safety representatives, DPW housing representatives, MEDDAC personnel, Fire Inspectors, and MWR/Lodging representatives conducted the inspections. WTU Cadre representatives were present.

3. Methodology.

a. Observation: The inspection teams inspected the following types of occupied facilities: DoD Owned Unaccompanied Personnel Housing, DoD Leased or Contracted Housing or Lodging, DoD/NAF Owned Lodging, DoD Owned Family Housing, and Privatized Family Housing. Assessment of Privatized Family Housing was conducted with the consent of the occupant and privatized housing management.

b. Document Review. The inspection teams reviewed applicable DoD, Army, Army subordinate headquarters directives, regulations, policies, guidance, and standing operating procedures, as applicable to their area of responsibility. In addition, current work orders for buildings inspected and the results of the last inspection were reviewed.

c. Interviews. The inspection teams conducted interviews with WT and their families as available and WT cadre.

d. Surveys. WT and their families were presented the option to complete a survey to help determine overall satisfaction with the condition of their quarters and the responsiveness of the work order process.



4. Locations Visited:

- a. Fort Sam Houston, TX
- b. Fort Jackson, SC
- c. Fort Stewart, GA
- d. Fort Gordon, GA
- e. Fort Campbell, KY
- f. Fort Polk, LA
- g. Fort Hood, TX
- h. Fort Benning, GA
- i. Fort Sill, OK

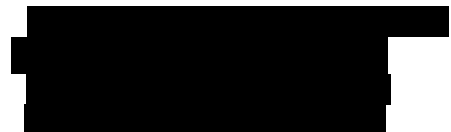
5. Findings/Observation Format.

a. Where a published standard, policy, law or regulation was violated, met, or exceeded, a finding statement was developed and is addressed in the following format:

Finding statement
Standard(s)
Root Cause
Discussion
Recommendation

b. Where there was no violation of a published standard, policy, law, or regulation, but an observation was made to improve current operations, an Observation Statement was developed and is addressed in the following format:

Observation statement
Standard(s), if applicable
Discussion
Recommendation



6. In the report, quantitative terms, such as “few, some, majority, most, and all” are used to describe percentile ranges linked to specific findings or observations. These terms are defined as follows:

| | |
|----------|--------|
| Few | 1-25% |
| Some | 26-50% |
| Majority | 51-75% |
| Most | 76-99% |
| All | 100% |



Chapter 2 Good News

1. WT and their families were satisfied with their housing accommodations.
2. WT and their families consistently spoke highly of DPW performance and responsiveness to requests for assistance.
3. Overall, WT Cadre was actively involved in ensuring WT housing facilities were maintained and WT needs met.
4. Throughout the region, there was improvement in the overall condition of the facilities.
5. At Fort Hood, a five story WT housing complex is currently under construction with a tentative completion date of August 2011. The new barracks complex will include a 400 bed area, a 16,000 square foot dining facility, and a 15,000 square foot SFAC area with parking lot.
6. At Fort Stewart, a new facility will be constructed in November 2010 with a estimated completion date December 2011.
7. Fort Polk installed air filtration systems in WT Barracks reducing environmental health concerns.
8. Throughout the region, WT were pleased with town hall meetings that provide them and their families a venue to address concerns directly with the commander.

Chapter 3 Findings and Observations

Objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

a. Assess compliance with Warrior in Transition housing assignments as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

b. Assess Warrior in Transition occupied housing for compliance with baseline standards as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

c. Assess compliance with the requirement to provide special accommodations and services to Warriors in Transition with functional limitations as outlined in Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

OBJECTIVE a:

Finding a.1: Most WT are assigned housing compatible with their grade, which exceed or meet applicable quality standards, and are appropriate for their treatment and their expected duration. Their housing supports their dependents, and a non-medical attendant when authorized.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 6, MH personnel shall be assigned/referred to housing that exceeds or meets applicable quality standards, is appropriate for their expected duration of their treatment, supports a non-medical attendant, if authorized, supports accompaniment by their dependents when desired and not incompatible with their treatment, and is appropriate for their pay grade.

Root Cause(s): Not Applicable

Discussion: One WT (Fort Sam Houston) chose to accept quarters that were not ADA compliant. The WT did not want to wait for an ADA compliant home to become available. Based upon his decision to accept non-compliant ADA modified quarters, the family experienced some mobility challenges. The narrow door frames provided little clearance when moving the wheelchair through the master bedroom doorway. The spouse also reported the portable metal ramps provided for accessing the front and rear entryway proved cumbersome to handle when her spouse chose to use his wheelchair instead of his prosthetic leg. She stated they could use additional support railing in the master bathroom for ease of maneuver. The spacing between the current support bars created some difficulty for her spouse as he enters and exits the bath tub/shower.

[REDACTED]

DPW agreed to install permanent concrete access ramps for the front and rear doorways, install additional support bars in the master bathroom, enlarge the doorframe into the master bedroom. Work orders were opened to accomplish these tasks. Later, the family cancelled the work order to enlarge the master bedroom, stating it was no longer required. DPW continues to address remaining issues.

Recommendation(s): DPW complete work orders and continue to support WT.

OBJECTIVE b:

Finding b.1: One room was missing an electrical wall faceplate and had a smoke alarm that was not secured to the wall. (Fort Sam Houston)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems. Building systems include but are not limited to electrical, life and fire safety.

Root Cause(s): Don't Know: WT did not submit work order.

Discussion: The inspection team found exposed wires due to an electrical wall faceplate missing and had a smoke alarm that was not secured to the wall. These items create a potential safety hazard.

Recommendation(s): WT Cadre ensure work orders are submitted and followed up until completion.

Finding b.2: Some rooms had cluttered living conditions.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, there shall be no environmental/safety health hazard. MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Root Cause(s): Won't Comply: WT are not maintaining their living areas.

Discussion: There were cluttered living conditions in several rooms. Trash and various items were in the middle of the floor.

Recommendation(s): WT Cadre ensure WT maintain good housekeeping when housekeeping is not scheduled.

[REDACTED]

Finding b.3: A few UPH units AC filters were not being changed monthly.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e. all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to HVAC.

Root Cause(s): Don't Know: DPW, and WTB cadre failed to ensure filters are changed out monthly as noted on the filter.

Discussion: Failure to change out filters on a monthly basis or as scheduled present a risk for malfunction and environmental health concerns.

Recommendation(s): WT cadre check filters during periodic walkthroughs of the facility. DPW implement schedules to change filters.

Finding b.4: All modular buildings had continuous requirement for maintenance; constantly needing work orders for various problems (Fort Stewart).

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e. all are working properly and not at risk of imminent failure or malfunction.

Root Cause(s): Can't Comply: The installation is unable to move WT to a different location that facilitates all the baseline standard requirements until the new facility is built.

Discussion: The inspection team determined the modular buildings had an excessive requirement for maintenance and repairs. The installation has dedicated a Preventive Maintenance (PM) team to support the WTU until the new facility is constructed in November 2010 and scheduled for completion on or about December 2011.

Recommendation(s): The PM team continue to support WTU ensuring all deficiencies are fixed in a timely manner.

Finding b.5: A thermostat in one of the UPH rooms failed to control temperature. (Fort Campbell).

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, it is important that MH personnel be able to adequately control the temperature in their housing units.

[REDACTED]

Root Cause(s): Don't Know: WT did not submit work order.

Discussion: WT stated room was too cold and she could not control the temperature. DPW checked the thermostat and determined it was not working properly. A work order was established and the thermostat was replaced.

Recommendation(s): WT Cadre identify problems during periodic walk throughs and ensure work orders are submitted. Also ensure WT are instructed to submit work orders.

Finding b.6: Few housing units had mild mold/mildew issues.

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, there shall be no mold.

Root Cause(s): Don't Know: WT did not submit work order.

Discussion: The insulation on one side of the refrigerator was not working properly allowing the side of the unit to get cool causing condensation, and eventually causing mold. Also, some WT kept A/C thermostat at very low temperatures causing condensation and accumulating mild mold/mildew.

Recommendation(s): Cadre encourage WT to notify them of issues and/or submit work orders. Also, WT Commanders publish an SOP to regulate thermostat temperatures.

Finding b.7: Some electrical junction boxes were installed without protective covers. (Fort Hood)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems. Building systems include but are not limited to electrical, life and fire safety.

Root Cause(s): Don't Know: WT Cadre never noticed missing electrical protective covers during previous walk throughs.

Discussion: The inspection team removed a set of ceiling tiles after noticing the appearance of condensation, and discovered the junction boxes were improperly installed when the facility was built. Work orders were submitted for each of them.

[REDACTED]

Recommendation(s): DPW and WT Cadre ensure work orders are completed expeditiously. Also, ensure WT are instructed to submit work orders.

Finding b.8: Few have minor damage to the HVAC duct work and wood decking material which supports the HVAC system. (Fort Hood)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e. all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to HVAC.

Root Cause(s): Don't Know: DPW's QA/QC Department was not aware of the issue.

Discussion: The inspection team discovered DPW has limited personnel available for QA/QC. These procedures generally do not include a supervisor conducting an onsite assessment of the work unless the housing occupant reports the work not done or incomplete.

Recommendation(s): DPW ensure all privatized housing units allocated to WT receive onsite supervisory QA/QC assessments upon completion of work orders. This could help identify if additional maintenance or service is required.

Finding b.9: Few trailer skirts were either damaged or not properly sealed allowing trash and debris to collect which caused rodent infestation. (Fort Hood)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, there shall be no environmental/safety health hazard. MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Root Cause(s): Don't Know: WT did not submit work orders.

Discussion: WT Cadre were provided a list of all living quarters that require repairs and work orders were submitted for DPW to complete.

Recommendation(s): WT Commander obtains feedback on completion of work orders, and cadre follow up.

[REDACTED]

Finding b.10: One of the accompanied housing units had exposed wiring below the fuse box. (Fort Hood)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, all MH personnel housing must be in good overall condition with no major problems with any of the building systems. Building systems include but are not limited to electrical, life and fire safety.

Root Cause(s): Won't Comply: The WT annotated this when he signed for the unit, but DPW did not fix.

Discussion: Prior to moving into this unit the wall was repaired, however, the wiring was never covered. The WT annotated this deficiency on his checklist when he signed for the quarters.

Recommendation(s): DPW cover the wiring and recommend the WT Cadre follow-up and report if not fixed.

Finding b.11: Majority of rooms did not have adequate air circulation. (Fort Benning)

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, there shall be no inadequate air circulation.

Root Cause(s): Can't Comply: The air sensor temperature was set at 75 degrees and should have been set at 55 degrees for exterior air intake.

Discussion: The team discovered the air ventilation system led to a heavy concentration of moisture within the rooms. After collaborating with the mechanical engineer, he detected a flaw in the system settings and positioning of temperature sensors that should be set at 55 degrees instead of 75 degrees for outside air intake.

Recommendation(s): DPW conduct QC inspections to ensure there are no application infractions of mechanical air systems.

Finding b.12: Some UPH rooms have leaking HVAC vents and damp ceiling tiles. (Fort Sill)

[REDACTED]

Standard: Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7, All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e. all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to HVAC. There shall be no mold.

Root Cause(s): Don't Know: WT are not setting thermostat at appropriate temperature levels.

Discussion: Temperature controls being set too low caused leaking vents and damp ceiling tiles that were being replaced weekly. Replacing tiles is not resolving the problem and if not fixed, may cause mold/mildew and present risk of imminent failure of the HVAC.

Recommendation(s): DPW insulate HVAC system, level A/C drip pans, add air return vents to each room, install set points on thermostats or install centralized computer to control A/C.

Observation b.1: Some AC thermostat settings were set between very cold and moderate temperatures.

Standard: Not applicable

Discussion: Some of the rooms had temperature settings ranged from 58 degrees to 77 degrees for cooling purposes. In instances where AC thermostats are set below recommended settings, excess condensation may cause damage to areas such as ceiling tiles, and air diffusers. The excess condensation may create prime conditions for mold and a water source for insects and rodents.

Recommendation(s): WT Commander publish a SOP establishing guidelines for thermostat settings.

Observation b.2: Some utility closets require additional maintenance to ensure openings around HVAC lines are sealed and insulated to prevent entry of insects and rodents.

Standard: Not applicable

Discussion: During the inspection DPW unlocked the closets and discovered the HVAC lines were not sealed nor insulated. WT Cadre do not have access to the utility closets and therefore were unaware of the issue.

[REDACTED]

[REDACTED]

[REDACTED]

Recommendation(s): DPW seal and/or insulate around HVAC lines. WT Cadre monitor work orders until completion.

Observation b.3: Most UPH units had electrical grills, hot plates, toaster ovens, candles, plug-in air fresheners, phone chargers plugged in and unattended, and extension cords. It is a repetitive observation.

Standard: Not applicable

Discussion: The prohibited electrical devices are not safety hazards of the building structure, according to Memorandum, Deputy Secretary of Defense, 18 September 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel, paragraph 7 but they are safety hazards in violation of installation policies.

Recommendation(s): WT Cadre continue to educate WT of the hazards and installation policies. Cadre need to make corrections during periodic walk throughs of the facilities.

OBJECTIVE c:

Observation c.1: At one UPH facility, (Fort Hood), the only wheelchair ramp is not easily accessible because it's located approximately 180 ft away from the ADA compliant rooms. The path to this ramp has vehicles extending over the curb, and a steel rail fence over the side, which limits maneuverability. It is challenging to a WT with limited mobility especially during inclement weather conditions.

Standard: Not applicable

Discussion: The facility is technically in compliance with ADA standards. However the sidewalk to the wheelchair ramp had vehicles extending over the curb, and a steel rail fence over the side, which limits maneuverability. This path requires average agility for a person without physical limitations. The path's extended distance is also unreasonable for these warriors to maneuver in inclement weather conditions.

Recommendation(s): Garrison, DPW Housing, IMCOM and WTB develop a plan to place an additional wheelchair ramp closer to the rooms.

Observation c.2: All bathrooms on the first floor common areas do not have an emergency response system. (Fort Benning)

Standard: Not applicable

[REDACTED]

[REDACTED]

[REDACTED]

Discussion: WT needing assistance with mobility could fall and be without first responders' assistance for long periods. This concern is mainly between periodic checks by the staff duty, specifically after normal duty hours.

Recommendation(s): WT Leadership submits work order for DPW to install alarm systems.

[REDACTED]

[REDACTED]

Appendix 1 Directive



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
SOUTHERN REGIONAL MEDICAL COMMAND (PROVISIONAL)
2410 STANLEY ROAD, SUITE 121
FORT SAM HOUSTON, TEXAS 78234-6230

MCSR-CG

17 December 2009

MEMORANDUM FOR Southern Regional Medical Command (Provisional) Inspector General

SUBJECT: Directive for the Special Inspection of Armed Forces Housing Facilities of Recovering Service Members

1. You are directed to oversee the inspection of Warrior in Transition housing in the Southern Regional Medical Command (Provisional)(SRMC(P)) area of responsibility IAW Public Law 110-181, Section 1662, 28 January 2008, National Defense Authorization Act of 2008.
2. The inspection will focus on the following objective: Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. You are authorized to task staff members, Inspectors General assigned to senior commanders and IMCOM as required. You have unlimited access to Army activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement IAW ALARACT 162/2008, DTG 031515z Jul 08, Subject: Inspection of Military Facilities Used to House Recovering Service Members Assigned to Warrior Transition Units.
4. **The inspection will conclude and the final report be submitted to SRMC(P) IG NLT 18 August 2010.**
5. You will provide me with the final report at the conclusion of the inspection. In addition, a copy of the report will be furnished to MEDCOM Inspectors General Office, and a redacted copy will be posted on the SRMC(P) Internet website. The posted report will not name specific facilities, units, or other sources of information.
6. The point of contact for this inspection is COL Steven Bolint, SRMC(P) IG Office, DSN 471-9977 or Com (210) 221-9977.

Appendix 2 Detailed Standards List

APPENDIX 1: DIRECTIVE



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

SEP 18, 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
UNDER SECRETARY OF DEFENSE FOR
ACQUISITION, TECHNOLOGY AND LOGISTICS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint DoD/DVA committee met and approved the following policy changes on August 28, 2007.

Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for conducting the inspections required by section 3307 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under Secretary of Defense for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.

Attachment:
As stated



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APPENDIX 2: DETAILED STANDARDS LIST

HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL

1. PURPOSE

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

2. GENERAL

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TOY) lodging, permanent change of station (peS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.



4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting that medical hold personnel who have "serious physical disabilities"¹ or that are the "direct result of armed conflict"² have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

¹For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

²For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on 0001 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)



6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., pes lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, 000 Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement.

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade -unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, ie., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Kitchens

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).



Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

Physical Security

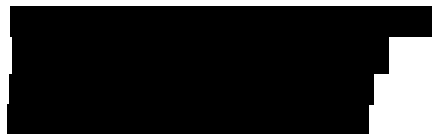
MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.





Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TSJ), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

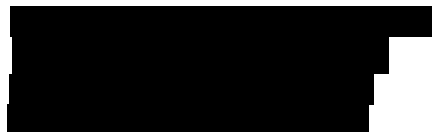
Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.





Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

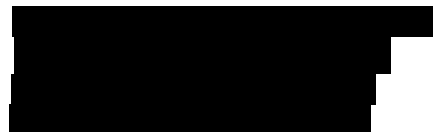
MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. INSPECTIONS

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.



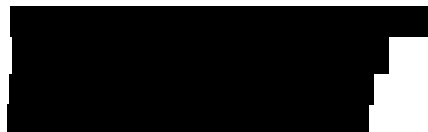


10. FEEDBACK AND UPDATES

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. IMPLEMENTATION

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.





Appendix 3 Acronym List

| | |
|------|---|
| IG | Inspector General |
| WT | Warrior in Transition |
| WTU | Warrior Transition Unit |
| WTB | Warrior Transition Battalion |
| QA | Quality Assurance |
| QC | Quality Control |
| Bldg | Building |
| HVAC | Heating, Ventilating and Air- Conditioning |
| DPW | Department of Public Works |
| UPH | Unaccompanied Personnel Housing |
| ADA | American Disabilities Act |
| MH | Medical Hold |
| SOP | Standard Operating Procedures |



Appendix 4 References

ALARACT 295/2008, 9 December 08, subject: MOD 1 to ALARACT 162/2008

ALARACT 162/2008, 3 July 2008, subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

Army Regulation 420-1, Army Facilities Management, 12 February 2008

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

Memorandum, Deputy Chief of Staff, G-1, HQDA, 18 June 2007, subject: Housing Prioritization for Warriors in Transition